

1514.
COUNTY BOROUGH OF OLDHAM



INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

J. T. CHALMERS KEDDIE

M.B., D.P.H.

1950

ERRATA.

Following receipt of the Registrar General's Annual Return on Form S.D. 25, the following corrections should be made:—

Page 22. Non-Pulmonary Tuberculosis.

Delete—No deaths occurred from non-pulmonary tuberculosis.

Substitute—One non-notified death due to tubercular peritonitis was brought to notice through the Registrar General. This occurred in a girl aged 7 years, the diagnosis being made following operative and post-mortem findings.

Page 23. Deaths in School Children.

Amend Case 4 to read:—

Case 4—A girl aged 7. Death was due to:—

- (a) Appendicitis and Peritonitis.
- (b) Tubercular Peritonitis.

This girl was admitted to hospital and died within 24 hours of admission.

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1950

EDUCATION COMMITTEE, 1950-51

(as from 22nd May, 1950).

Council Members.

Mr. Alderman F. Lord, O.B.E., J.P. (Chairman).

Mr. Councillor J. T. Hilton, (Deputy Chairman).

The Mayor (Alderman E. Kershaw, J.P.).

Mr. Alderman S. Thornton, J.P.

Mr. Alderman F. Tweedale, J.P.

Mr. Alderman H. H. Webster, J.P.

Mr. Councillor H. Ball.

Mr. Councillor J. Bannon, J.P.

Miss Councillor E. Brierley.

Mr. Councillor W. Buckley.

Mr. Councillor W. Clough, J.P.

Mr. Councillor J. Crowther, M.B.E.

Mr. Councillor G. F. Holden.

Mr. Councillor J. Porter.

Mr. Councillor J. Shyne.

Mr. Councillor C. Turner.

Mr. Councillor S. R. Walker.

Co-opted Members.

Rev. J. W. Ellis.

Very Rev. Canon M. Fitzgerald, B.A.

Rev. A. C. Lamb, M.A., B.Sc., B.D., Ph.D.

Miss A. A. Kenyon, J.P.

Miss M. Cattrall.

Mrs. M. E. Young (to September).

Mr. J. H. Broadbent.

Mr. S. Easthope (from October).

Mr. H. Hellon.

Director.

Maurice Harrison, M.A., M.Ed., B.Sc.

Deputy Director.

H. P. Shallard, O.B.E., K.D., M.A.

School Health Department,
Town Hall,
Oldham,
April, 1951.

To the Chairman and Members
of the Education Committee,

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the School Health Service for the year 1950.

There have been no changes in the medical staff during the year, and we still retain the services of experienced medical officers. We have been fortunate in this respect, but when changes do occur we may have difficulty in obtaining medical staff as recruits to the Public Health Service are few. In December the award of the Industrial Court was announced and new salary scales became operative for Public Health Medical Officers. These new scales may improve the flow of recruits to the service.

For another year only one case of diphtheria occurred in the school population. In fact this was the only case in the Borough. Poliomyelitis was prevalent during the summer months but fortunately the three school children affected have no serious final disability. It would appear that outbreaks of this dread and crippling disease will recur at short or long intervals. Much research is being directed to this disease, and it is the earnest hope that some specific measures for its prevention and cure will soon be discovered.

A very brief note has been included on B.C.G. vaccination. This is a vaccine which affords protection against tuberculosis and it has been widely used in the Scandinavian countries. A simple skin test is performed, and if there is no reaction a negative result is obtained and vaccination undertaken. This protection is at present only available for selected groups of persons, e.g., medical students, nurses, and contacts of cases of tuberculosis. It is to be hoped that it will soon be available for children of all ages.

The Dental Service has functioned efficiently during the year but suffered a setback when Mr. Kent left the service to enter private practice. This was not entirely unexpected and it shows a strong sense of vocation and interest that your other officers still resist the seductive fruits of private practice. This is the more praiseworthy as it is now over two and a half years since the 'appointed day' of the National Health Service and national salary

scales for dental officers employed by local authorities have only just been announced but not yet generally adopted. The dental service is for the priority classes—"women and children first", but this is far from being the case. In many areas dentists are numbered in ones and twos, clinics are closed, services are reduced or extinct. What a heritage we shall reap from these years that the locust has eaten. Progressive dental decay and disease are only to be expected, and any future recovery, let alone expansion of the service, is in doubt. Before the Act it was well known that the teeth of the nation were rotten, but those responsible for the preventive dental services felt that they could make a valuable contribution towards the solution of this problem if facilities and help were granted to them. The extension of the School Dental Service to cover the pre-school child, the adolescent and the expectant and nursing mother should have been a simple solution but with the creation of a golden idol which was soon worshipped by many this could not be so. The majority of dental officers left the service with reluctance and regret but economic circumstances could not be resisted. The representatives of local authorities and the central authority should in the early months have taken energetic steps to meet the situation, and so would at least have prevented further deterioration of the service.

There are still certain specialist services provided directly through the School Health Service but the majority are through the facilities of the National Health Service. In the past, if specialist services were provided, one was assured that such advice would be available if requested. Such is not always the case under the new arrangements.

It is gratifying to report that the arrangements for the ascertainment of handicapped pupils are working efficiently. The Health Visitors, who are also School Nurses, are fully alive to their responsibilities in this field and an increasing number of children are being referred at an early age. Your senior medical staff are experienced and have had special training for this work. The policy of using these officers on more specialised clinical duties instead of administrative detail has enabled the output of work to be increased. In certain groups the children recommended for special training have to be placed on a waiting list.

At the end of the year Nurse Wild retired, having given twenty-five years of devoted service to the authority. During her period of service she has seen the benefits that the school children have derived from the service, and many children and parents will remember her with affection and regard. Those who have worked with her wish her a long and happy retirement and will miss a genuine and loyal colleague.

I wish to express my thanks to all members of the staff for their loyal services and response to the demands made upon them during the year.

I am deeply grateful to the Chairman and Members of the Ancillary Services Sub-Committee for their co-operation and support and also wish to record my appreciation of the help afforded to myself and my staff by the Director of Education and the Teachers.

I have the honour to be,

Your obedient servant,

J. T. CHALMERS KEDDIE.

SCHOOL HEALTH SERVICE.

School Medical Officer.

J. T. Chalmers Keddie, M.B., Ch.B., D.P.H.

Senior Assistant School Medical Officers.

John Starkie, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Alexander P. Buchan, M.B., Ch.B., D.P.H.

Assistant School Medical Officers.

Edna Circuit, M.B., Ch.B., D.P.H.

Andrew P. Curran, B.Sc., M.B., Ch.B., D.P.H.

Walter P. B. Stonehouse, M.R.C.S., L.R.C.P., D.P.H.

Senior Dental Officer.

James Fenton, L.D.S.

Dental Officers.

Geoffrey C. Kent, L.D.S. (to 24-5-50).

Joseph H. Woolley, L.D.S.

David J. Franks, L.D.S.

Anæsthetist.

Gordon Mason-Walshaw, B.A., M.R.C.S., L.R.C.P., D.A.R.C.S.

Child Guidance Clinic.

Medical Director.

Eric Gostynski, M.D. (Berlin), L.R.C.P., L.R.C.S., D.P.M.
(to 31-10-50).

Assistant Psychiatrist.

Maria J. Dale, M.D. (Heidelberg).

Educational Psychologist.

Hilde Lewinsky, M.Sc. (Psych.).

Psychiatric Social Worker.

Olivia Sutton.

Consultant Ophthalmic Surgeon.

F. Janus, B.Sc., M.D., M.R.C.S., L.R.C.P.

Ophthalmic Surgeons.

N. MacInnes, M.A., M.B., Ch.B.

L. B. Hardman, L.R.C.P., L.R.C.S., D.O.M.S.

Superintendent School Nurse.

★ Mrs. C. Houghton.

Deputy Superintendent School Nurse.

○ Miss I. Watson.

Senior School Nurse.

● Mrs. A. G. Willmott.

School Nurses.

- | | |
|-------------------------|---------------------------------------|
| ※ Miss M. Barnes. | ★ Miss M. Parry. (to 31-3-50). |
| ☆ Mrs. H. Emmott. | ★ Miss J. B. McLeod. (to 30-4-50). |
| ★ Mrs. M. J. Griffiths. | ☆ Miss A. Cadman. (to 9-6-50). |
| ★ Miss A. W. Moordaff. | ★ Mrs. M. Collins. (to 31-10-50). |
| ★ Miss C. Poole. | ★ Miss E. Johnson. |
| ★ Mrs. E. E. Robinson. | ※ Miss M. Barker. (from 18-5-50). |
| ★ Mrs. C. Smith. | ★ Miss E. J. Thompson. (from 1-7-50). |
| □ Miss E. E. Williams. | ✕ Miss M. E. Strain. (from 11-10-50). |
| ★ Miss C. Williamson. | |
| ● Miss C. Wild. | |

○ S.R.N., R.S.C.N., S.C.M., H.V.Cert.

☆ S.R.N., S.R.F.N., S.C.M., H.V.Cert.

★ S.R.N., S.C.M., H.V.Cert.

● S.R.N., S.C.M.

□ S.R.N., S.R.F.N.

※ S.R.N., S.R.F.N., H.V.Cert.

✕ S.R.N., S.R.F.N., S.C.M.

※ S.R.N., H.V.Cert.

ANNUAL REPORT

STAFF.

At the beginning of the year the medical staff was seriously depleted due to illness, and Dr. Stonehouse being on leave of absence. In June he returned to duty having obtained the Diploma in Public Health of Leeds University.

In December, Nurse Cora Wild retired having completed 25 years service as School Nurse. Nurse Wild has given loyal and devoted service to the school children of Oldham and the Ancillary Services Sub-Committee placed on record their appreciation of her services.

Liaison.

All the Medical Officers employed in the School Health Service are also Assistant Medical Officers of Health and undertake duties in the Public Health Department.

The policy of achieving closer co-ordination of the duties of Health Visitor and School Nurse has been continued, and all new appointments have been as Health Visitor/School Nurse.

SCHOOL HYGIENE, ACCOMMODATION AND ATTENDANCE.

During the year the Trustees of the Henshaw's Blue Coat School for Boys made application to the Ministry of Education with a view to being granted the status of an aided voluntary school. This application was granted, and in September the school became known as the Henshaw's Aided Voluntary Secondary Modern School, with accommodation for 130 boys.

No new schools were completed but the following additional accommodation was opened during the year:—

Werneth County Infant School — 2 classrooms

West Oldham High School — 4 craft rooms

Additional accommodation was provided in the former Derker British Restaurant, and on church premises, as follows:—

Honeywell Lane Methodist School — 1 classroom (Infants).

Derker British Restaurant — 4 classrooms (Juniors).

Hollins Methodist School — 4 classrooms (Seniors).

The following new schools and additions to existing schools were under construction, but at the end of the year were not yet ready for occupation:—

New Schools.

Roundthorn Nursery School.

Counthill Grammar School.

Derker County Infant School.

Limehurst County Infant and Junior School.

Prefabricated Huts, etc.

Hollins Secondary Modern School — 3 classrooms.
2 handicraft rooms.

Hollinwood Secondary Modern School — 2 classrooms.
2 handicraft rooms.

Roundthorn County Junior School — 4 handicraft rooms.

Clarksfield County Junior School — 2 craft rooms.

In accordance with the building programme of the Committee the following schemes should commence in 1951:—

New Schools.

Fitton Hill — Junior School.

Hathershaw — Secondary Technical School

Central College of Further Education.

Additions to Existing Schools.

Alexandra County Infant School — 2 classrooms.

Alexandra County Junior School — 2 classrooms.

Limeside County Infant School — 1 classroom.

Limeside County Junior School — 1 classroom.

The average number of children on the registers in December, 1950, was 15,624, an increase of 393 compared with the previous year.

The distribution is as follows:—

	Sec. & Junior	Infants
County Primary and Secondary Modern Schools	7020	3512
Voluntary Primary and Secondary Modern Schools	2714	1168
	<hr/>	<hr/>
	9734	4680

East Oldham High School	609
West Oldham High School	339
Special Schools:	
Deaf	27
Partially Sighted	19
Chaucer Special School:	
Educationally Subnormal Dept.	77
Physically Handicapped Dept.	29
Strinesdale Open Air School:	
Resident	30
Non-resident	80

MEDICAL INSPECTION.

The periodic medical inspection of four age groups continued throughout the year. Due to illness and the shortage of medical staff during the early part of the year, the number of children inspected was only 4,228 against a total of 5,633 for the previous year.

The number of children inspected in the four age groups is as follows:—

Entrants	1505
8 year olds	795
11 year olds	795
Leavers	1133
	—
	4228
	—

In addition the medical officers made 3,457 special inspections and 7,935 re-inspections. These inspections were made mostly at the clinics or in the schools.

Details of defects found etc. are given in Table II of the Ministry of Education Medical Inspection Returns.

FINDINGS OF MEDICAL INSPECTION.

It is common knowledge that the children of to-day are healthy and that the incidence of serious physical defect among them is low. A careful study of the defects found at the periodic inspections gives proof to this statement. During the year there were 4,228 children examined at these inspections and the following figures show the incidence of certain defects among these children.

Defect or Disease	No. of children requiring treatment or observation for the Defect	Incidence of the defect per 1,000 children examined
Otitis Media	47	11.12
Nose or Throat	579	136.94
Speech	57	13.48
Cervical Glands	19	4.49
Heart and Circulation	33	7.81
Lungs	73	17.26
Hernia	27	6.38
Epilepsy	8	1.90

Nose and throat defects show a high rate. It is well known that these defects are more common in a smoke polluted atmosphere and a reduction in atmospheric pollution has been followed by a reduction in the incidence of naso-pharyngeal disease. This is only one of the many benefits which would follow a progressive policy of smoke abatement.

General Condition of Children Inspected.

An estimate of the child's physical condition at the time of inspection is now made, children being classed as follows:—

“ A ” (Good)—those better than normal or good.

“ B ” (Fair)—those normal or fair.

“ C ” (Poor)—those below normal or poor.

Under the classification “ C ” are placed those whose “ general condition ” apart from specific defects, e.g., of sight or hearing, is such that they should be kept under observation or treatment.

There were 139 children (3.29 per cent. of those examined) classified “ C.” These children can best be described as being “ below par,” a number of causes being responsible.

Uncleanliness.

The problem of head infestation is still a matter of serious concern, and takes up a considerable amount of the time of the Nursing Staff. The total number of head inspections made was considerably in excess of any other post war year, while the percentage of children found to be infested was the lowest for the past four years. The figures however, showing an average of 8.11% of children infested at each inspection, cannot be taken to indicate any substantial improvement in the position.

For a number of years a policy of co-operation with the parents by help and advice has been pursued and in this way much has been achieved. In addition, the effective insecticide preparations introduced in recent years make it easier to cure and prevent infestation. The great majority of children are never found to have even the slightest degree of infestation, and the grossly infested heads which were at one time common are now rarely seen. There still remains a hard core of frequently infested families, and during the year the Committee felt that sterner measures should be used in these cases. It was decided that letters be sent to the parents of all children cleansed under Section 54 of the Education Act, 1944, warning them of their liability to prosecution if the infestation recurred, and that legal proceedings under this Section would be taken in appropriate cases.

The Work of the School Nurses.

During the year the school nurses have carried out the following number of visits:—

Visits to schools for periodic medical inspections	326
Visits to schools for head inspections:	
First visits	355
Re-inspections	506
Visits to homes	375

HOSPITAL AND SPECIALIST SERVICES

The only specialists directly employed by the Education Committee are the Medical Director of the Child Guidance Clinic and Dr. F. Janus, Consultant Ophthalmic Surgeon. In this capacity Dr. Janus is only employed in connection with the examination of blind and partially blind children, and the supervision of the children in the Scottfield Partially Sighted School.

The provision of other specialist services is through the hospital services. In this connection, with the exception of the Orthopædic Clinic at Gainsborough Avenue, school children have to attend the ordinary hospital out-patients, and in many cases take their turn in the hospital queue, receiving no priority or selective provision. The arrangements for ear, nose, and throat cases were particularly unsatisfactory, but in September a letter was received from the Secretary of the Oldham and District Hospital Management Committee stating that the Manchester Regional Hospital Board proposed to appoint an Ear, Nose, and Throat Surgeon, who would devote the greater part of his time to the Oldham Hospital Group. Following the receipt of this information, the Board was requested to give consideration to the possibility of arranging one session per week to be devoted solely to school children. The Board agreed that such a session should be provided, and suggested that consideration

should be given to the clinic being held at one of the School Clinics or Child Welfare Centres. This suggestion was readily accepted by the Ancillary Services Sub-Committee and it is hoped that the Consultant Aural Surgeon will commence his duties early in the new year.

Under the National Health Service any person requiring an individual hearing aid receives this free, and children in need of such an appliance are referred to the Manchester Ear, Nose, and Throat Clinic and Hearing Aid Centre, Hardman Street, Manchester. In the course of the year four children were recommended for, and provided with, individual hearing aids.

The prescribing and dispensing of glasses has continued to remain with the Local Executive Council, the children being refracted and tested at the Gower Street and Scottfield Clinics.

ARRANGEMENTS FOR TREATMENT.

Arrangements to secure the availability of comprehensive free medical treatment, other than domiciliary treatment, for all pupils for whom the authority accept responsibility included the following:—

Minor Ailments—School Clinics.

The two school clinics at Gower Street and Scottfield have been open daily during school days, and on several days in the school holiday periods, for the treatment of minor ailments and the carrying out of special examinations. During the year, 1,679 children made 10,024 attendances for treatment.

In addition to the treatment of minor ailments, special examinations of children referred by school nurses, teachers, parents, and attendance officers, are carried out by the medical officers at the school clinics.

The school nurses attend to cleansing the heads of children referred to the clinic for this purpose.

Particulars of the cases are given in Table IV.

Scabies.

The number of cases diagnosed at the clinics totalled 24 compared with 19 for the previous year. Facilities for treatment continue to be provided at the Gower Street Clinic, and every attempt is made to treat other members of the family who may be affected.

The total numbers treated at the clinic, which includes cases referred by general practitioners, are as follows:—

Pre-school children	3
School-children	37
Adults	9
	—
	49
	—

Ringworm of the Scalp.

No cases of this disease came to the notice of this department during the year.

General Hospital Treatment.

Children requiring treatment are referred to the Out-patient Department at the Oldham Royal Infirmary or Boundary Park General Hospital. If requiring In-patient treatment they are usually admitted to the Children's Wards at these Hospitals. The Senior Assistant School Medical Officer has continued to visit schoolchildren in the Boundary Park General Hospital and there is close co-operation with the Almoners working at the hospitals.

A few special cases are referred to the Royal Manchester Children's Hospital for the opinion of a Pædiatrician.

Eye Diseases—Visual Defects.

Dr. N. MacInnes and Dr. L. B. Hardman have continued to hold regular weekly sessions at the refraction clinics.

During the year 1,247 children were examined (Dr. MacInnes 618, Dr. Hardman 629), and spectacles were prescribed or changed in 761 cases.

Children with extremely poor vision are referred from the clinics to Dr. F. Janus, Consultant Ophthalmic Surgeon, in order to ascertain whether they would be suitable for admission to the Partially Sighted School.

Children requiring further investigation, e.g., cases of squint, are referred to the Ophthalmic Clinic at the Oldham Royal Infirmary, or to the Manchester Royal Eye Hospital.

Ear, Nose and Throat Defects.

Children suffering from these defects are referred to the Aural Clinic at Boundary Park General Hospital which is held on Saturday mornings. Children requiring operative treatment are admitted as in-patients.

The position as regards school children awaiting operative treatment and examination at the Aural Clinic continued to cause grave concern. At the beginning of the year 108 children were on the waiting list for removal of tonsils and/or adenoids and at the end of the year the waiting list had increased to 122. During the first five months of the year only 19 children referred by the Department and awaiting operation had received treatment.

In the case of children referred by the Department for examination by the Aural Surgeon the position was even more unsatisfactory. At the beginning of the year 207 children were awaiting examination and at the end of May this figure had risen to 342, only 29 new cases being seen during the first five months of the year. The position could only be described as deplorable and under the existing system no real service was being provided for the needs of the School Health Service. In June, the facts were reported to the Ancillary Services Sub-Committee and it was resolved that the Oldham and District Hospital Management Committee be requested to receive a deputation to discuss the problem. The Management Committee readily acceded to this request and following this meeting arrangements were made for the number of new cases seen weekly to be increased. The increased number of weekly appointments did reduce the size of the waiting list, and at the end of the year 258 children were awaiting examination compared with 342 at the end of May.

During the previous year there were 356 attendances and 75 children (Westhulme 14, Boundary Park General Hospital 61) received operative treatment. The total number of attendances made during this year was 275 and 68 children received operative treatment at Boundary Park General Hospital.

Orthopædic Defects.

The Oldham and District Hospital Management Committee has continued the Orthopædic Clinic at Gainsborough Avenue, and schoolchildren continue to be referred to this Clinic. Mr. J. N. Nish, the Orthopædic Surgeon, is the Consultant responsible for the clinic, but the weekly session continued to be held by Dr. M. F. Johnstone. The majority of cases suffer from postural defects and require advice and exercises. Only a few cases require surgical treatment.

During the year, 98 schoolchildren were referred to the clinic for the following defects:—

Defect	No. of Cases
Flat Feet	11
Knock Knee	17
Everted Feet	6
Club Feet	1

Defect	No. of Cases
Claw Feet	2
Hammer Toes	1
Other Deformities of Toes	19
Apophysitis os calcis	1
Weak Ankle	1
Postural Defects	25
Chondroma	1
Poliomyelitis	1
Arthritis	1
Sprengels Shoulder	1
Spastic Hemiplegia	2
Spastic Diplegia	2
Spastic Paraplegia	2
Minor Injuries	4

Hospital Schools.

Where a child has a disability which requires prolonged hospital treatment this can best be provided in a hospital with special facilities for this type of case. Many of these hospitals have educational facilities and are recognised by the Ministry of Education and known as Hospital Schools. Children with heart disease benefit considerably by admission to these schools. After discharge, many of them require to be admitted to a Special School. During the year three children (2 boys and 1 girl) suffering from heart disease were admitted to the St. Joseph's Heart Hospital School.

There were two children discharged from hospital schools (a boy aged 10 and a girl aged 8).

St. Joseph's Heart Hospital School 1

West Kirby Children's Convalescent Home ... 1

Both these children suffered from heart disease.

Convalescence.

Arrangements exist for selected schoolchildren to be sent for convalescence and the cost is met by the Education Committee. These children have usually had a prolonged period of hospital treatment and are brought to the notice of the School Medical Officer by the Almoner. The need for convalescence is approved by the Senior Medical Officer before financial responsibility is accepted. The usual period of convalescence is four weeks, but this is extended in special cases.

During the year 23 children (11 boys and 12 girls) were sent to the following convalescent homes:—

West Kirby Children's Convalescent Home 14

Margaret Beaver Memorial Home, Abergele 2

Taxel Edge Convalescent Home, Whaley Bridge 4

Ellen Gonner Children's Home, Hoylake 1

Ormerod Children's Convalescent Home, St. Annes 1

St. Joseph's Children's Convalescent Home, Southport 1

CHILD GUIDANCE.

The Child Guidance Clinic continues to be the responsibility of the Education Committee. In October, Dr. E. Gostynski resigned, having accepted an appointment with the Lancashire County Council. He was appointed in July, 1946, and had served the Committee well during a most difficult period. He was succeeded by Dr. M. J. Dale to whom I am indebted for the following report:—

The Clinic is held at 60, Gainsborough Avenue, and Dr. Gostynski, the Medical Director, attended for three sessions per week, and I attended for one session. Mrs. Lewinsky, Educational Psychologist, attended for two sessions per week. Miss Olivia Sutton holds the appointment as full time Psychiatric Social Worker.

In 1950, the Clinic was fully staffed. The work could therefore be carried out under the conditions recognised and recommended by the Child Guidance Council. The statistics therefore show more favourable figures in comparison with the previous year when the Clinic had to work without a Psychiatric Social Worker, which meant a severe restriction. 16 cases were discharged after satisfactory treatment, and no case terminated prematurely. The necessary contacts with the various referring agencies could be established again, and through the visits to the schools included in the routine work of the Psychiatric Social Worker, the Headteachers and Teachers could become re-acquainted with the work of the Clinic, and could take advantage of the existing services for maladjusted children.

Owing to Dr. Gostynski's resignation on October 31st following his appointment as Medical Director of a new Child Guidance Clinic in Lancashire, the Oldham Clinic was not working with the full number of sessions for the last two months of the year. From November 1st to the end of the year I carried on as acting Medical Director. Of the three sessions Dr. Gostynski had held, only the one for initial interviews could be continued. Treatments had to be temporarily discontinued.

In view of the fact that younger children require shorter periods of treatment, which would mean a saving in public funds, I shall endeavour to encourage Infants' Departments and Nursery Schools to avail themselves of the services of the Child Guidance Clinic. Through eventual lowering of the age level of patients more cases could be dealt with in the treatment sessions; the number of chronically disturbed children as well as delinquents might be reduced. In addition to this a follow up service is as desirable in the medico-social work as it is in other branches of medicine.

We are now able to see patients for the initial interview within two months, and urgent cases are given priority for first interview and treatment. The waiting time for treatment of non-urgent cases is still unsatisfactorily long.

The Clinic is housed in a small building with congested rooms; plans for minor alterations have been approved to make fuller use of the existing premises.

NUMBER OF CASES REFERRED 63

Sources of Reference:—

Director of Education	22
School Medical Officer	26
General Practitioners	7
Probation Officer	6
Others	2

INITIAL INTERVIEWS HELD 63

Results:—

(a) Recommended for Treatment and Observation ...	28
Treatment at the Clinic	24
Observation at the Clinic	4
(b) Recommended for Environmental Adjustment ...	35
Advice on handling (Cases closed)	16
Advice on handling (Contact to be renewed)	13
Re-schooling on account of educational subnormalities	2
Re-schooling on account of maladjustment and delinquency	2
Period of Probation	2

SUMMARY OF TREATMENT WAITING LIST

No. awaiting treatment at 1st January	41
No. recommended for treatment during year ...	28
No. of cases started	21
No. awaiting treatment at 31st December	48

CASES TREATED

Cases under treatment at 1st January	16
Cases started during the year	21

Treatment concluded:—

After satisfactory adjustment	16
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Observation concluded:—

With recommendation for special schooling	4
--	---

— 20

Cases under treatment at 31st December	17
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NUMBER OF TREATMENT SESSIONS HELD1406

Dr. Gostynski 273

Dr. Dale 257

Mrs. Lewinsky 197

Psychiatric Social Worker 679

The Psychiatric Social Worker made 455 visits:—

Home Visits 151

Visits to Schools 157

Other Visits 147

The Educational Psychologist held 66 psychological tests.

AWAITING EXAMINATION at the end of the year ... 13

AWAITING TREATMENT at the end of the year 48

INFECTIOUS DISEASES.

The following table shows the number of cases and deaths occurring in children (resident in Oldham and attending schools under the control of the Education Committee and also Oldham children attending schools maintained by the adjacent Authorities) from certain of the infectious diseases.

DISEASE	1950		Nursery Schools and Classes	PRIMARY SCHOOLS		SECO ARY SCHOOLS	ADJACENT AUTHORITIES		
	Cases	Deaths		Infant Depts.	Junior Depts.		Infant Depts.	Junior Depts.	S'e'd'y. Schools
Cerebro-spinal Fever	—	—	—	—	—	—	—	—	—
Dysentery	94	—	11	44	16	17	4	2	—
Diphtheria... ..	1	—	—	—	—	1	—	—	—
Measles	420	1	32	363	7	2	14	2	—
Scarlet Fever	165	—	2	79	50	26	3	2	3
Whooping Cough ...	117	—	5	104	5	1	2	—	—
Polio-myelitis	3	—	—	1	2	—	—	—	—
Tuberculosis—									
(a) Pulmonary	1	—	—	—	—	1	—	—	—
(b) Other forms	7	—	—	4	1	2	—	—	—

Diphtheria.

Only one case occurred during the year. This was a girl of 13 years who was admitted to Westhulme Hospital and diagnosed faucial diphtheria (mild). This child had been immunised in 1941 but had never received a reinforcement injection.

Diphtheria Immunisation.

The previous arrangements for diphtheria immunisation have been continued, immunisation being carried out in schools and at the school clinics. Only a small percentage of children were immunised by private practitioners. The majority of children are now immunised prior to school entry and it cannot be stressed too strongly the importance of children being immunised in infancy. The school entrant who has not been immunised must be detected without delay and the parents persuaded to accept immunisation. Children who have been immunised in infancy should have this protection maintained by "re-inforcement" injections, the first during their sixth year and the second during their eleventh year.

During the months of July, August and September (inclusive) immunisation was temporarily suspended owing to cases of poliomyelitis in the Borough.

The Head Teachers and their staffs have rendered valuable assistance in the campaign against diphtheria and they have no small share in the success which has been achieved. The co-operation and help of the teachers is still required. We cannot relax our efforts even though we have reached the promised land. If we vigorously pursue these methods of protection, then success will be continued and diphtheria will become a rare disease.

The following figures indicate the number of children immunised and the number receiving "re-inforcement" injections during the year:—

No. of children receiving primary immunisation	106
No of children receiving " re-inforcement " injections ...	1127

Vaccination.

There are no special arrangements for the vaccination of school-children. During the year 64 children of school age received primary vaccination and 16 were re-vaccinated. In many cases vaccination was requested prior to proceeding overseas. The percentage of children who are found at school entry to have been vaccinated is deplorably low.

Dysentery.

During the year 94 cases of dysentery were notified to the department, and in 89 cases the Sonn  organism was identified; of these, 11 (10 Sonn ) occurred in children attending Nursery Schools and Classes.

During November and December a number of cases of dysentery and diarrh a were brought to notice in the Watersheddings area, and some of these were children attending the Watersheddings County School and Nursery Class. During this period 5 cases of Sonn  dysentery occurred in the Nursery Class and 12 in the Infant and Junior Schools, but no definite source of infection could be found.

The remaining cases which occurred during the year were isolated cases or associated with outbreaks in Day Nurseries or Industrial Day Nurseries.

Scarlet Fever.

There were 165 cases notified compared with 273 for the previous year. During the first three months of the year 96 cases occurred which were the continuation of a mild epidemic originating in the previous autumn.

Whooping Cough.

The number of cases notified was 117, of these 13 had received the full course of protective injections and these cases were classified as follows:—

Severe 0.

Moderate 5.

Mild 8.

The five cases which occurred in Nursery Classes had not been protected against Whooping Cough.

Measles.

Of the 420 cases which were notified, 225 occurred during the first three months of the year. One death occurred in a girl aged 5 years. This girl was admitted to hospital and died on the day of admission.

Acute Poliomyelitis.

During the summer months poliomyelitis was prevalent in many parts of the country, and 13 cases occurred locally during the months of June to September (both inclusive). There were 3 cases notified and confirmed in schoolchildren. In two cases, a boy aged 7 and a girl aged 10, no paralysis resulted, and these children were fit to return to school soon after discharge from hospital. The third case, a boy aged 6, developed some paralysis with weakness of the ankles. Some months after discharge he was attending an ordinary school and his disability was almost nil.

Pulmonary Tuberculosis.

During the year a girl aged 12 years was notified and accepted as tuberculosis minus (sputum negative or absent). This girl was seen by Dr. H. S. Bagshaw, Assistant Chest Physician, who diagnosed miliary tuberculosis and arranged for streptomycin treatment in Boundary Park General Hospital. She was discharged from hospital in June, and returned to school in September.

No deaths occurred from pulmonary tuberculosis.

No. of Cases	Under 5 years	5-10 years	10-15 years	15 years+
1	—	—	1	—

Non-Pulmonary Tuberculosis.

During the year 7 cases were notified and accepted. The following table shows the localisation of the disease in age groups:—

	Total	5-10 years	10-15 years
Abdomen	2	1	1
Bones and Joints	2	1	1
Cervical Glands	2	2	—
Other Organs (Skin)	1	—	1
	—	—	—
Totals	7	4	3
	—	—	—

The two cases of abdominal tuberculosis occurred in boys aged 7 and 12 years and were discovered as a result of operations for appendicitis. Both cases subsequently made satisfactory progress.

The two cases of tuberculous bones and joints occurred in boys. One aged 6 years had a tuberculous knee, and the other aged 14 years had a tuberculous hip. Both boys were admitted to Wrightington Hospital for treatment.

No deaths occurred from non-pulmonary tuberculosis.

B.C.G. Vaccination.

Arrangements have been made for selected contacts of known tuberculosis cases to receive this form of vaccination. During the year five schoolchildren who were found to be Mantoux negative received B.C.G. vaccination. Subsequent Mantoux tests were positive in each case.

DEATHS IN SCHOOL CHILDREN.

During the year 10 deaths were registered among schoolchildren (5 boys and 5 girls) aged five-sixteen years. The following are brief details of these cases:—

Case 1.—A boy aged 6. Death was due to fracture of the skull following accidental crushing between a gate and the gate post.

Case 2.—A boy aged 16. Death was due to:—

(a) Influenzal Pneumonia.

Case 3.—A girl aged 5. Death was due to:—

(a) Chronic Nephritis.

Case 4.—A girl aged 7. Death was due to:—

(a) Appendicitis and Peritonitis.

This girl was admitted to hospital.

Case 5.—A boy aged 10. Death was due to:—

(a) Subacute Bacterial Endocarditis.

(b) Mitral Stenosis and Aortic Regurgitation.

(c) Rheumatic Endocarditis.

This boy received treatment in hospital for heart disease and was transferred to the Liverpool Open Air Hospital for Children, Leasowe, in January, 1948. He was discharged in May, 1949. Subsequently he was admitted to the Chaucer Special School, Physically Handicapped Department, but his condition deteriorated and he died in May.

Case 6.—A girl aged 12. Death was due to:—

(a) Compression of Hypothalamus.

(b) Tumour of 3rd Ventricle.

This girl was admitted to the Manchester Royal Infirmary and died there.

Case 7.—A girl aged 7. Death was due to:—

(a) Rheumatic Pericarditis.

(b) Rheumatic Fever.

This girl received treatment in hospital for rheumatic carditis and in September, 1948, was transferred to the St. Joseph's Heart Hospital School. Her condition subsequently deteriorated and she was transferred to a general hospital where she died.

Case 8.—A boy aged 13. Death was due to:—

(a) Mitral Stenosis and Regurgitation.

(b) Rheumatic Endocarditis.

This boy was admitted to the St. Joseph's Heart Hospital School in January, 1947, following treatment in a general hospital. He was discharged in September, 1949, but was a chronic invalid being confined to bed for the greater part of the day. He died in September of this year.

Case 9.—A boy aged 14. Death was due to:—

(a) Uræmia.

(b) Chronic Nephritis.

Case 10.—A girl aged 5. Death was due to:—

(a) Meningo Encephalitis.

(b) Measles.

This girl was admitted to hospital and died on the day of admission.

PROVISION OF MEALS.

I am indebted to Mrs. B. A. Healey, School Meals Organiser, for the following report:—

In September, school dinners were provided for the non-residents of Henshaw's Secondary Modern School at the Lowermoor Liberal Club dining room. Additional dining facilities to cater for the increased number of children attending Hollinwood Secondary Modern School were opened at Hollins Methodist School in November.

The new nursery school at Roundthorn is nearing completion and will open early in the new year. Attached is a very pleasant modern kitchen catering for 40 children and staff. A self-contained canteen for the Moorside Voluntary School will also be opened early in 1951, and the meals will be prepared, cooked, and served, on the premises. At present the meal is transported from the Gower Street Kitchen to the Moorside Conservative Club.

All canteens and school dining rooms are now supplied with a detergent for washing-up and, as it is also a sterilizing agent, risk of infection is minimised.

The electricity cuts during the last three months have proved very inconvenient at several kitchens and dining rooms. Alexandra Park canteen, which has an all-electric kitchen, has been particularly affected and on occasions when the cut has lasted over four hours a cold meal has had to be hurriedly prepared. The Electricity Authority has now promised special consideration here.

Supplies of foodstuffs have been good, and many commodities are now on the market after an absence of ten years. The meat situation tends to deteriorate with no signs of the ration being increased. The possibility of serving fish on meatless days is being considered.

The number of children having school dinners at the end of the year was:—

On payment	6484
Free	312
	6796

Milk in Schools.

The provision of free milk to all children in grant-aided primary and secondary schools has continued. The total number of $\frac{1}{8}$ pints consumed during 1950 being 2,544,948.

Cod Liver Oil and Malt.

Cod Liver Oil and Malt is issued through the clinics to children on the recommendation of the medical officers.

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

At the request of the Director of Education appointments or home visits are made in cases of prolonged school absence. In almost every case there is consultation with the medical practitioner with beneficial results and, in some cases, special treatment is arranged for the case in question.

The co-operation and help of teachers, the inspector of the local branch of the N.S.P.C.C. and others connected with the welfare of children has been greatly appreciated.

The number of parents attending at the periodic medical inspections can generally be regarded as most satisfactory apart from the leavers where the percentage was only 16.3. This figure is the lowest recorded in this age group since 1939.

	1949		1950	
Entrants	1730	91.9%	1380	91.7%
8 year old	854	63.0%	629	79.1%
11 year old	801	57.9%	551	69.3%
Leavers	213	21.0%	185	16.3%

CO-OPERATION WITH THE YOUTH EMPLOYMENT SUB-COMMITTEE.

A report on each of the 1,133 children examined as leavers was sent to the Youth Employment Officer. Types of work for which any child is, in the opinion of the Medical Officer, physically unsuited are indicated.

The list of medical contra-indications issued by the Central Youth Employment Executive has been in use throughout the year. It was considered necessary to exclude 255 children from one or more of the following categories of work:—

1 Heavy manual work	53
2 Sedentary work	1
3 Indoor work	0

4	Work involving prolonged standing, much walking, or quick movement from place to place	20
5	Exposure to bad weather	19
6	Work involving wide changes in temperature	8
7	Work in a damp atmosphere	20
8	Work in a dusty atmosphere	25
9	Work involving much stooping	1
10	Work near moving machinery or moving vehicles	31
11	Work at heights	8
12	Work requiring normally acute vision	142
13	Work requiring normal colour vision	1
14	Work requiring the normal use of hands	0
15	Work involving the handling or preparation of food	3
16	Work requiring freedom from damp hands or skin defects ...	4
17	Work requiring normal hearing	4

Copies of confidential school medical reports are also supplied on the application of a school leaver's National Health Insurance doctor as provided by the National Health Insurance (Juvenile Contributor and Young Persons) Act, 1937.

In addition children are medically examined as regards the suitability of their entering employment outside school hours. The number examined during the year was 278, and the occupations were as follows:—

Newspaper Delivery	253
Dancers	12
Errand Boys	13

NURSERY SCHOOLS AND NURSERY CLASSES.

Throughout the year the two nursery schools — Limeside and Derker—provided 40 places each for children aged 2-5 years, and the four nursery classes—St. Peter's, St. Anne's, Richmond Street, and Watersheddings—provided 30 places each for children aged 3-5 years.

These schools and classes had previously had extended hours and were open from 7-0 a.m. to 7-0 p.m., but from the beginning of the year this arrangement was discontinued, and the ordinary school hours observed. The nursery classes have the same holidays as ordinary schools, but the two nursery schools have continued to remain open during the school holidays, except for "Wakes" week. This arrangement is also to be discontinued, and as from the 1st January, 1951, the nursery schools will be closed during school holidays.

The Education Committee has approved a new nursery school at Roundthorn and the building work was almost completed at the end of the year. This school will provide for 40 children and it is anticipated that it will open early in the new year.

The nursery schools and classes are visited regularly by the medical officers and school nurses, and the facilities of the School Health Service are available to the children attending.

HANDICAPPED PUPILS.

The early ascertainment of the handicapped pupil is one of the most important functions of the School Health Service, and the provision of special education for these children is the duty of the Education Authority. It is pleasing to report that in Oldham efficient and comprehensive provision has been made for these children, and the facilities available are fully described in subsequent pages of the report.

Preventive measures, and workers in the Public Health field, have done much to reduce the incidence of certain handicaps. The reduction in the number of blind children has been most marked and the majority of cases now occurring are due to congenital defects for which no preventive measure is yet known.

The measures to control tuberculosis, the work of the Health Visitor, and our Child Welfare Centres, have done much to reduce the severe crippling defects of tuberculosis and rickets. There is still progress to be made in the field of tuberculosis, and our aim should be to stamp out this disease in our child population. Poliomyelitis will unfortunately continue to provide us with cripples, though early diagnosis and complete rest in bed may do much to limit the paralysis and crippling effects.

The child with severe heart disease is a problem that remains with us. Early diagnosis of the causative illness, skilled medical and hospital treatment with the most appropriate after care, should produce improved results.

Only a few children are now found with severe ear disease and deafness but many have some degree of deafness or chronic ear disease. A child with early ear disease should be regarded as an emergency and receive skilled medical treatment and nursing without delay. Here is a potential field of co-operation between the family practitioner, the hospital consultant, and the school medical officer, which would produce rich rewards and reduce substantially the incidence of chronic illness and disability from this disease.

Ascertainment of Handicapped Pupils.

Many of these pupils are found at the first periodic medical inspection, others are referred by Head Teachers for medical opinion shortly after school entrance. The more efficient is early ascertainment the fewer will be the cases found at subsequent periodic inspections. A number of pupils are brought to notice after illness or prolonged hospital treatment.

When a child is found or referred, an appointment is made for the child to be medically examined at the Health Office or at one of the clinics. Alternatively, if the child is not fit to attend, a home visit is paid by a medical officer.

Many pupils can be ascertained in early infancy, this especially applies when the cause of the defect is congenital or present at birth. These children should be kept under observation and referred to the School Health Service when aged two years or over. In this connection the Health Visitors and the Medical Officers at the Child Welfare Centres have an important part to perform. These officers are fully alive to their responsibilities and they are bringing an increasing number of handicapped children to the notice of the School Medical Officer.

In all cases of handicap it is necessary that experienced officers, and in certain cases a Consultant, should examine the child before a final decision is made. This procedure is strictly followed and is well illustrated in the case of children suspected of deafness and those considered ineducable.

Pupils Suspected of Deafness.

Children suspected of deafness are brought to the notice of the Medical Officers through the usual channels, but before such cases are accepted as handicapped pupils they are referred to Professor A. W. G. Ewing at the Department of Education of the Deaf, Manchester University. His help and advice are greatly appreciated and is sought when an expert opinion is required. The Health Visitors and Medical Officers at the Welfare Centres are instructed to refer pre-school children suspected of deafness so that such children can be referred to him at the earliest opportunity. During the year 17 children were referred, and the following recommendations received:—

(a) Admission to Special School for Deaf Pupils	2
(b) Discharge from Special School for the Deaf to a special class	1
(c) Lessons in lip reading and a favourable position in class	12
(d) For observation (pre-school children) and further examination	2

Ineducable Children.

These children should be ascertained at an early age. Many of them have such a degree of mental defect that school attendance is never considered. A few may be admitted to an infant department but they are soon discovered, and referred for examination. Where there is any difficulty or doubt, they are then referred for the opinion of Dr. G. S. Robertson, the Consultant in Mental Deficiency. During the year nine children were reported to the Local Health Authority as "ineducable", and seven of these were aged 6 years or under. These figures prove that our methods are efficient.

(a) Blind Pupils:—

"Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight."

Pupils found to be blind are admitted to special residential schools. At the beginning of the year 7 school children, 6 boys and 1 girl, were in the following schools:—

Royal Normal College for the Blind	2
Worcester College for the Blind	1
Henshaw's Institution, Manchester	3
Liverpool Blind School	1

In April, a boy aged 4 years was admitted to the St. Vincent's School for the Blind, Liverpool. This boy had been blind since birth. A boy was discharged from the Henshaw's Institution, Manchester, having reached the age of 16 years. This boy will be admitted to the Royal Normal College early in the new year.

(b) Partially Sighted Pupils:—

"Pupils who by reason of defective vision cannot follow the ordinary curriculum without detriment to their sight, or to their educational development, but can be educated by special methods involving the use of sight."

These pupils are admitted to the Scottfield Partially Sighted School.

	Boys	Girls	Total
Number on register, 1st January	8	8	16
(4 from other areas)			
Number admitted during the year	2	2	4
(1 from other areas)			
Number discharged at age of 16 years	2	—	2
(1 from other areas)			
Number on register, 31st December	8	10	18
(4 from other areas)			

Two boys left the school having attained the age of 16 years. One has been placed in selected employment and the other, a Lancashire County Case from Ashton, entered the Training School for the Blind, Liverpool.

Dr. F. Janus, Consultant Ophthalmic Surgeon, visits the school at periodic intervals to examine the children, and all children considered to be suitable for admission are referred to him with a view to determining whether they would benefit from attendance at the school.

(c) Deaf Pupils:—

“Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.”

(d) Partially Deaf Pupils:—

“Pupils whose hearing is so defective that they require for their education special arrangements or facilities but not all the educational methods used for deaf pupils.”

Both deaf and partially deaf pupils attend the Special School established at Beever County School.

	Boys	Girls	Total
Number on register, 1st January	19	5	24
(5 from other areas)			
Number admitted during the year	2	1	3
(1 from other areas)			
Number discharged during the year	—	—	—
(— from other areas)			
Number on register, 31st December	21	6	27
(6 from other areas)			
1. Oldham Children			
(a) Deaf	13	4	17
(b) Partially Deaf	3	1	4
2. Children from other areas			
(a) Deaf	4	1	5
(b) Partially Deaf	1	—	1

The three children admitted during the year were classified as deaf pupils. The first was a girl of six years whose parents had moved from Salford and who previously attended Henshaw's School for the Deaf, Manchester. The second, a boy of eight years, was admitted from Ashton at the request of the County Medical Officer. The third was a boy aged three years. Arrangements are made for children to be referred to Professor A. W. G. Ewing, at the Department of Education of the Deaf, Manchester University, before admission to the school.

(e) Delicate Pupils:—

“Pupils who by reason of impaired physical condition cannot, without risk to their health, be educated under the normal regime of an ordinary school.”

The Strinesdale Open Air School provides accommodation for 30 resident and 90 non-resident pupils who fall into this category.

Admissions during the year were as follows:—

	Boys	Girls	Total
Arrested T.B. and T.B. contacts	5	3	8
Subnormal nutrition and debility	20	7	27
Bronchitis and asthma	13	13	26
Other defects	—	1	1
	—	—	—
Totals	38	24	62
	—	—	—

During the year there were 28 pupils (13 boys, 15 girls) admitted as residents, and 24 pupils (13 boys, 11 girls) were discharged. At the end of the year 23 pupils (10 boys, 13 girls) remained as residents.

(f) Diabetic Pupils:—

“Pupils suffering from diabetes who cannot obtain the treatment they need while living at home and require residential care.”

Children with diabetes usually attend an ordinary school. No children were found to require special schooling during the year.

At the beginning of the year a boy of 10 years was resident in the Church of England Society's Hostel at Kersal. In December the parents withdrew him from the school. His condition had improved and he was allowed to attend an ordinary school.

(g) Educationally Sub-Normal Children:—

“Pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.”

Many of these children make satisfactory progress when placed in special classes in an ordinary school. At the beginning of the year six classes were provided for such children, two (at Freehold County Junior School) for children between 7 and 11 years, and four (two at Derker Secondary Modern School and two at Waterloo Secondary Modern School) for children between 11 and 15 years. In September, an additional class (at Beever County Junior School) was provided for children between 7 and 9 years. Each of these special classes provides 20 places, and at the end of the year there was accommodation available for 140 children.

It has been the practice for children recommended by this Department for admission to these classes to be examined periodically at the Health Office so that their progress could be assessed. During the year arrangements were made for a Senior Medical Officer to visit these classes and conduct any re-examination at the school. This arrangement provides for much closer co-operation between the medical officer and the teaching staff, and enables cases to be discussed in detail and the special problems of individual children to be reviewed to the mutual advantage of all concerned.

The two Senior Medical Officers and Dr. A. P. Curran, are approved by the Ministry of Education under Section 53 of the Handicapped Pupils and School Health Service Regulations, 1945.

During the year 163 examinations in respect of 150 children were carried out. These examinations are usually held at the Health Office, but in special cases home visits are made. The following is a summary of the recommendations made:—

(a) Children found to be ineducable	9
(b) Children requiring supervision after leaving school	4
(c) Children requiring admission to a Residential Special School	3
(d) For admission to Chaucer Special School	18
(e) For admission to Special Classes	42
(f) For further supervision	69
(g) No further supervision required	18

Residential Special Schools.

Three children were recommended for admission and it was possible to admit two boys, both aged 12 years, to the Monyhull Colony School, Birmingham. This school admits educationally subnormal children who are also maladjusted. Both these boys had been the subject of reports from the Child Guidance Clinic and required admission on account of delinquency, backwardness and maladjustment, one of them having been before the Juvenile Court. The third child, a boy aged 6 years, was still awaiting a vacancy at the end of the year.

In June, a boy aged 11 years, who had been recommended for admission to a residential special school in 1948, was admitted to the St. Joseph's Roman Catholic School, Dunmow, Essex.

Chaucer Special School.

Educationally subnormal children who require more specialised education than can be provided in a special class are admitted to the Chaucer Special School.

	Boys	Girls	Total
Number on register, 1st January	44	29	73
(5 from other areas)			

	Boys	Girls	Total
Number admitted during the year (2 from other areas)	7	3	10
Number discharged during the year (1 from other areas)	5	1	6
Number on register, 31st December (6 from other areas)	46	31	77
Children discharged during the year :—			
At 16 years of age	2	—	2
Removed to other areas	1	1	2
Transferred to ordinary school	1	—	1
Admitted to Orthopædic Hospital	1	—	1

The two children leaving school at the age of 16 years were notified to the Local Health Authority under Section 57 (5) of the Education Act, 1944. In one case suitable manual employment was found but in the other case no suitable employment was available.

A boy of 14 years of age, suffering from tuberculosis of the right hip, left the school in September for a prolonged period of treatment in Wrightington Hospital.

(h) Epileptic Pupils:—

“Pupils who by reason of epilepsy cannot be educated in an ordinary school without detriment to the interests of themselves or other pupils and require education in a Special School.”

In January, a boy aged 9 years was admitted to the Maghull Home for Epileptics, Liverpool.

In March, a request was received to remove a girl of 9 years from the Soss Moss Residential School, Cheshire. This girl was considered to be ineducable and she was notified under Section 57 (3) of the Education Act, 1944.

A girl of 13 years continued to remain in the St. Elizabeth's School and Home for Epileptics, Much Hadham, Herts. This girl is under the care of the Children's Officer.

(i) Maladjusted Pupils:—

“Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.”

Children are referred to the Child Guidance Clinic for advice and treatment. No children were admitted to special schools for maladjusted children during the year.

(j) Physically Handicapped Pupils:—

“Pupils not suffering solely from a defect of sight or hearing, who, by reason of disease or crippling defect, cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school without detriment to their health or educational development.”

The Chaucer Special School is available for children whose physical disability renders it inadvisable that they should be exposed to the conditions of ordinary school life.

	Boys	Girls	Total
Number on register, 1st January	17	14	31
(2 from other areas)			
Number admitted during the year	2	4	6
(— from other areas)			
Number discharged during the year	6	2	8
(— from other areas)			
Number on register, 31st December	13	16	29
(2 from other areas)			

Children were admitted for the following conditions:—

T.B. Knee	1
T.B. Spine	1
Congenital Heart	1
Rheumatic Carditis	2
Achondroplasia	1

Children discharged during the year:—

	Boys	Girls	Total
At 16 years of age	2	1	3
Ineducable	1	—	1
Transferred to Partially Sighted School ...	1	—	1
Fit to attend an ordinary school	1	1	2
Died	1	—	1

Of the three children who left the school at the age of 16 years, two were found employment in a clerical capacity and one is now studying commercial art.

(k) Pupils Suffering from Speech Defect:—

“Pupils who on account of stammering, aphasia, or defect of voice or articulation not due to deafness, require special educational treatment.”

Speech therapy is available on a sessional basis at the Gower Street Centre under the direction of the Speech Therapist, Miss J. Woodhead. The children continue to attend their ordinary schools whilst having speech therapy. The stammering class is held on four afternoons per week, and children with other speech defects attend by appointment in the mornings.

Children who are found to suffer from stammer and are considered to be suitable for admission to the stammerers' class can be admitted within a few weeks. At the end of the year 2 children were waiting admission to the class.

Children suffering from speech defect are placed on a waiting list and, unfortunately, admission cannot be effected for some months. At the end of the year 53 children were awaiting admission.

Stammering Class:—

Number on register, 1st January	31
(2 from other areas)	
Number admitted during the year	17
(— from other areas)	
Number discharged during the year	20
(— from other areas)	
Number on register, 31st December	28
(2 from other areas)	

The following is the classification, according to improvement, of the 20 children discharged:—

Satisfactory Speech	9
Left at 15 years of age	6
Withdrawn by parents	1
Unable to continue attendance	4

Other Speech Defects:—

Number on register, 1st January	26
(3 from other areas)	
Number admitted during the year	41
(1 from other areas)	
Number discharged during the year	45
(— from other areas)	
Number on register, 31st December	22
(4 from other areas)	

The following is the classification, according to improvement, of the 45 children discharged:—

Satisfactory Speech	32
Improved — Review in 12 months	4
Cleft Palate cases	1
No further improvement probable	2
Transferred to Chaucer Special School	2
Transferred to Stammering Class	2
Ceased to attend	2

Pre-School Children.

The work has been extended this year to deal with seven pre-school children. It is not practical to treat children so young unless the case is exceptional but an attempt is made to interview the parent every 6 months. In two cases of stammer the child has reacted favourably to the changed attitude of the parents. With other speech disorders further medical treatment is advised where necessary, and the child is kept under observation.

SCHOOL DENTAL SERVICE

The School Dental Service has continued to provide an efficient service, though in May, one Dental Officer left the Service to enter private practice. We have been indeed fortunate to retain three officers in our employ, and they have continued to give loyal and conscientious service. The introduction of evening sessions has proved a most useful adjunct. It has provided some extra remuneration for the officers concerned, and several hundred children have received treatment which would not have been provided had these arrangements not been introduced. The sessions are limited to two hours duration, and appointments have been well kept as only elder children have been selected to attend these sessions. The Dental Officers are not required to undertake these sessions as part of their routine duties, but do so voluntarily. In view of the difficulty in recruiting staff, this expediency might well be continued.

I am indebted to Mr. James Fenton, Senior Dental Officer, for the following report:—

The work under review can be considered satisfactory in the light of the deplorable state of the School Dental Service throughout the country at the present time. At the beginning of the year the staff consisted of the Senior Dental Officer and three Dental Officers. Compared with other Local Authorities this was a very satisfactory establishment when the Dental Officer/School population ratio is considered.

The resignation of Mr. Kent was yet another instance of the migration of members of the School Dental Service to the General Dental Practitioner Service. Throughout the country School Dental Officers have been leaving their appointments in order to participate in the far more remunerative earnings obtainable in private practice under the National Health Service. There are many Public Dental Officers who feel that their loyalty to the School Dental Service has reached its limits since nothing has materialised to reduce the financial disparity between the two services. Introduction of

satisfactory national scales for Public Dental Officers is urgently required to attract suitable recruits to the School Dental Service. All efforts to replace Mr. Kent were useless, and so the work had to be adjusted accordingly. The first consequence of reduction in staff is that the length of time between routine visits to the schools is increased, and consequently the number of "casuals" (i.e. children with toothache) increases accordingly. Any further loss of dental staff would indeed be tragic for the school children of this Borough since it is not possible for all of these children to receive routine dental care through the General Dental Practitioner Service. This Service is inundated with work, of which the larger proportion is for the adult population.

Last year, as a temporary measure, the Dental Officers were asked to undertake evening sessions until such time as the staffing arrangements improved. These have been continued during the year and 129 sessions were held. The older children received treatment at these sessions, and this allows more time during the day to be devoted to the treatment of younger children.

It is to be regretted that it was not possible to expand the scope of our present dental scheme. Every effort was made to provide as comprehensive a service as possible, and the orthodontic service was maintained. It is to be hoped that no further reduction in staff will occur, and that the School Dental Service will at least be maintained at its present level.

The inability to expand the scheme for pre-school children is most unfortunate since this service should be the foundation of a successful school dental service. An efficient scheme for pre-school children would improve the dental condition of school entrants and prevent the premature loss of many deciduous teeth. This would in many cases result in a reduction of orthodontic defects.

Dental Staff

At the beginning of the year the staff consisted of the Senior Dental Officer and three Dental Officers. In May, Mr. Kent, Dental Officer, tendered his resignation in order to engage in private practice. Mr. Kent had been with this Authority since 1939, and his loss will be felt both by the children and the parents. The Senior Dental Officer now has an official appointment as Visiting Dental Surgeon to the Oldham Hospital Group, and undertakes regular sessions at Strinesdale Sanatorium, Boundary Park General Hospital, and Boundary Park General Hospital Annexe.

Mrs. Wood, (née Whitehead), Dental Attendant, who had given service since 1935, resigned her appointment in June. This vacancy was not filled owing to the shortage of Dental Officers,

Dental Inspection

Details of these inspections are to be found in the Ministry of Education Medical Inspection Returns (Table V).

During the year 8602 children received a routine dental inspection, and 4056 children were referred for treatment. This latter figure does not represent the total number of children found with dental defects. Owing to the present staffing situation, certain types of defects are not referred for treatment. This relates chiefly to the temporary dentition, where it is impossible to conserve all teeth with carious lesions. On the other hand, many of these teeth were not considered sufficiently defective to warrant extraction.

Dental Treatment

Details of the dental treatment carried out are to be found in the Ministry of Education Medical Inspection returns (Table V).

Of the 4056 children referred for treatment, 3697 children accepted and received treatment.

4940 other operations were carried out on permanent teeth and 1235 on temporary teeth. A good deal of this work consisted of attempts to prolong the life of the temporary teeth by means other than fillings.

Two sessions per week continued to be devoted to the treatment of cases under general anaesthetic and 1120 children received a general anaesthetic for the extraction of teeth.

X-Ray Examinations

Full use has been made of the X-Ray Unit, and 412 films were taken. These prove invaluable for diagnosis and treatment.

Dentures

75 children have been supplied with partial dentures.

The majority of these children lost front teeth mainly as a result of accidents.

Orthodontic Treatment

The Orthodontic Service has been maintained and this specialised type of treatment is extremely popular with parents.

106 children commenced orthodontic treatment; 248 orthodontic appliances were fitted, and 60 mouth screens were fitted. Many of these cases were referred to the Clinics by the Ear, Nose and Throat Departments of the local hospitals.

Hospital Facilities

Arrangements exist for children who require consultant advice and treatment to be referred to the Manchester Dental Hospital. During the year, five children were referred under these arrangements.

In cases where extensive treatment is required and treatment in hospital would be more beneficial, children are admitted to Boundary Park General Hospital. The Senior Dental Officer undertakes the treatment in his capacity as Visiting Dental Surgeon. In this way continuity of treatment is provided and school children receive the full benefits of the hospital services.

PHYSICAL EDUCATION

Report of the Chief Organiser of Physical Education (Mr. W. C. S. Morgan)

1. Staff

The staff consisted of the Chief Organiser, 1 full time physical training teacher, 4 full time teachers of swimming, 2 full time and 1 part time pianists. One vacancy was filled during the year by the temporary appointment of a woman teacher of swimming. The post of Woman Organiser has continued to be vacant throughout the year.

2. Physical Training Display

A public display of physical training activities was given at the beginning of May in connection with the Oldham Education Week. Various representative games, dancing, gymnastics by seniors and a massed display of physical training by 800 junior children were included. The teaching and preparations for the display, as carried out in the schools in the early part of the year, had a stimulating and beneficial influence on the general conduct of physical training in the schools. In general, the standard of performances was very good.

3. Physical Training

Up to the Summer holidays, Cannon Street Institute gymnasium was fully occupied by classes of older boys attending for physical training lessons from secondary modern schools, Through the

re-organisation of some of the Church schools, the number of these boys' classes was reduced at the commencement of the school year in September. This resulted in the specialist physical training teacher giving only half time service at the Institute and half at a secondary modern school. It also permitted arrangements for the attendance of some senior girls classes with their class teacher because of lack of adequate facilities for physical training in their school building.

In the secondary modern schools generally physical training has been conducted by semi-specialist teachers on the staffs of the various schools. During this period there has been little change of personnel. In November, the majority of the men teachers in these schools attended a refresher course in gymnastics arranged with the Manchester University.

In the primary, infant, and junior schools, very little specialisation has been possible and in the main physical training has been conducted by the class teachers.

During the year a film of certain physical exercises has been made.

The arrangements for the supply of plimsolls on hire to children have continued.

4. Games

Possibilities of increasing the number of playing pitches has again been explored and it is likely that a few additional pitches will become available. The general provision of playing field facilities, however, has remained far from adequate. Despite the conditions teachers have devoted considerable time and attention to games training and their efforts have been highly commendable. The supplies of games equipment have assisted the schools in replenishing their stocks.

5. Athletics

During the Summer months a series of inter-school athletic contests was held. A course in the coaching of athletics was conducted for teachers in secondary schools and a series of film loops on athletic coaching was shown to teachers. These film loops have been purchased by the Authority and are available for use in the schools. Several secondary schools have been provided with athletic equipment for field events — discus, javelin, and shot. Although little progress has been made in improving track facilities, general interest and enthusiasm has been stimulated in the schools.

6. Swimming Instruction

The year was marked by outstanding successes. In addition to the normal arrangements for instructional classes as part of the school curriculum, a number of supplementary competitions were enthusiastically supported by the schools.

Between Christmas and Easter, 9 inter-school leagues were conducted with regular matches swum immediately after school. In July, a series of competitions was held for junior schools culminating in a final public gala. Similar competitions for secondary schools were held in October and November.

A full complement of Oldham children took part in the Lancashire County Championships and were highly successful in securing 19 awards. Seven children were included in the Lancashire team against Yorkshire and 4 took part in the divisional team at the National Championships.

The boys' Town Team won the N.C.A.S.A. Inter-Town Schools Team Championship.

St. Mary's R.C. Secondary Modern Boys' School won the A.S.A. National Schoolboy Team Championship.

7. Youth Service

Inter-club games leagues as arranged by the Chief Organiser of Physical Education have continued.

HIGHER EDUCATION

Secondary Grammar Schools

It has been the arrangement for all children in attendance at Secondary Grammar Schools to be inspected annually. This was done during the year. The following table gives a summary of the inspection and the defects found:—

Number of children examined681

General condition of children examined:—

A 197 - 28.93%

B 471 - 69.16%

C 13 - 1.91%

Defect or Disease Requiring Treatment:—

Skin	3
Eyes:—	
(a) Vision	167
(b) Squint	5
(c) Other	—
Ears:—	
(a) Hearing	1
(b) Otitis Media	5
(c) Other	1
Nose and Throat	28
Speech	1
Cervical Glands	1
Heart and circulation	2
Lungs	1
Developmental:—	
(a) Hernia	—
(b) Other	2
Orthopaedic:—	
(a) Posture	9
(b) Flat Foot	5
(c) Other	12
Nervous System:—	
(a) Epilepsy	—
(b) Other	—
Psychological:—	
(a) Development	—
(b) Stability	—
Other	6

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1950.

Table I.

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools)

A.—Periodic Medical Inspection.

Number of Inspections in the prescribed Groups:—

Entrants	1505
Second Age Group (11 years old)	795
Third Age Group	1133
Total	3433

Number of other Periodic Inspections (8 years old)	795
Grand Total	4228

B.—Other Inspections.

Number of Special Inspections	3457
Number of Re-Inspections	7935
Total	11392

C.—Pupils Found to Require Treatment.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

NOTES.—(1) Pupils found at Periodic Medical Inspection to require treatment for a defect are not excluded from this return by reason of the fact that they are already under treatment for that defect.

(2) No individual pupil is recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants	2	235	234
Second Age Group	45	93	133
Third Age Group	142	85	215
Total (prescribed groups) ..	189	413	582
Other Periodic Inspections	26	122	125
Grand Total	215	535	707

Table II**A.—Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1950.**

NOTE.—All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect or Disease	Periodic Inspections		Special Inspections	
	No. of Defects:— Requiring Treatment	Requiring to be kept under observation but not requiring Treatment	No. of Defects:— Requiring Treatment	Requiring to be kept under observation but not requiring Treatment
Skin	40	36	296	—
Eyes:—				
(a) Vision	215	162	304	40
(b) Squint	87	73	35	1
(c) Other	9	8	115	—
Ears:—				
(a) Hearing	14	12	17	3
(b) Otitis Media	20	27	57	—
(c) Other	6	11	64	2
Nose or Throat	177	402	87	19
Speech	34	23	34	2
Cervical Glands	3	16	1	1
Heart and Circulation	6	27	—	1
Lungs	14	59	11	11
Developmental:—				
(a) Hernia	13	14	7	—
(b) Other	7	29	4	7
Orthopædic:—				
(a) Posture	18	6	7	—
(b) Flat Foot	23	6	6	1
(c) Other	67	29	19	2
Nervous System:—				
(a) Epilepsy	4	4	—	—
(b) Other	—	6	2	—
Psychological:—				
(a) Development	10	4	2	1
(b) Stability	1	9	3	1
Other	51	192	1190	22

B.—Classification of the General Condition of Pupils Inspected During the Year in the Age Groups.

Age Groups	No. of Children Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Entrants	1505	213	14.15	1239	82.33	53	3.52
Second Age Group	795	157	19.75	613	77.11	25	3.14
Third Age Group	1133	324	28.60	787	69.46	22	1.94
Other Periodic Inspections ...	795	119	14.97	637	80.12	39	4.91
Total	4228	813	19.23	3276	77.48	139	3.29

Table III.**Infestation with Vermin.**

All cases of infestation, however slight, are recorded.

The return relates to individual pupils and not to instances of infestation.

1. Total number of examinations in the schools by the School Nurses or other authorised persons	55,520
2. Total number of individual pupils found to be infested	1,308
3. Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	20
4. Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	11

Table IV.**Treatment of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools).**

Notes:—(a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

Group 1.—Diseases of the Skin (excluding Uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm—(i) Scalp	—	—
(ii) Body	—	—
Scabies	24	13
Impetigo	27	6
Other skin diseases	224	28
	—	—
Total ...	275	47
	—	—

Group 2.—Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	110	—
Errors of Refraction (including squint)	1247*	—
	—	—
Total ...	1357	—
	—	—

Number of pupils for whom spectacles were

(a) Prescribed	761 *	253
(b) Obtained	734 *	253
	<hr/>	<hr/>
Total ...	1495	506
	<hr/>	<hr/>

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

Group 3.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear	—	5
(b) for adenoids and chronic tonsillitis	—	235
(c) for other nose and throat conditions	—	10
Received other forms of treatment	127	—
	<hr/>	<hr/>
Total ...	127	250
	<hr/>	<hr/>

Group 4.—Orthopædic and Postural Defects.

(a) Number treated as in-patients in hospitals	63	
	by the Authority	otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient depts.	—	125

Group 5.—Child Guidance Treatment.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	77	—

Group 6.—Speech Therapy

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists	115	—

Group 7.—Other Treatment Given.

	Number of cases treated	
	by the Authority	otherwise
Miscellaneous minor ailments	1167	—

Table V**Dental Inspection and Treatment**

1.	Number of pupils inspected by the Authority's Dental Officers :—	
	(a) Periodic Age Groups	8602
	(b) Specials	162
	(c) Total (Periodic and Specials)	8764
2.	Number found to require treatment	5761
3.	Number referred for treatment	4056
4.	Number actually treated	3697
5.	Attendances made by pupils for treatment	14172
6.	Half-days devoted to :—	
	(a) Inspection	59
	(b) Treatment	1291
	*Total (a) and (b)	1350
7.	Fillings :—	
	Permanent Teeth	3635
	Temporary Teeth	814
	Total	4449
8.	Extractions :—	
	Permanent Teeth	1476
	Temporary Teeth	6676
	Total	8152
9.	Administrations of general anæsthetics for extraction	1120
10.	Other Operations :—	
	(a) Permanent Teeth	4940
	(b) Temporary Teeth	1235
	Total (a) and (b)	6175

* Includes 166 Orthodontic Sessions.

Number of Children Reported to the Local Health Authority for the Purpose of the Mental Deficiency Act, 1913.

Under the Education Act, 1944 :—

	Male	Female	Total
(a) Section 57 (3)	6	3	9
(b) Section 57 (5) :—			
On leaving special schools	2	—	2
On leaving ordinary schools	3	1	4
	—	—	—
	11	4	15
	—	—	—

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS or BOARDING IN BOARDING SCHOOLS

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Sub-normal	Maladjusted	Epileptic	Total
In the calendar year :—										
A. Handicapped Pupils <i>newly placed</i> in Special Schools or Homes ...	1	7	2	1	62	6	11	—	1	91
B. Handicapped Pupils <i>newly ascertained</i> as requiring education at Special Schools or boarding in Homes...	—	7	2	1	76	6	21	—	—	113
On or about Dec. 1st.										
C. Number of Handi- capped Pupils from the area :—										
(i) attending Special Schools as Day Pupils	—	14	17	4	80	27	71	—	—	213
Boarded Pupils ...	7	—	—	1	30	—	3	—	2	43
(ii) Boarded in Homes	—	—	—	—	—	—	—	—	—	—
(iii) attending indepen- dent schools under arrangements made by the Authority	—	—	—	—	—	—	—	—	—	—
Total (C) ...	7	14	17	5	110	27	74	—	2	256
D. Number of Handi- capped Pupils being educated under arr- angements made un- der Section 56 of the Education Act, 1944:										
(a) in hospitals	—	—	—	—	—	—	—	—	—	—
(b) elsewhere	—	—	—	—	—	4	—	—	—	4
E. Number of Handi- capped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition)	—	—	—	—	14	2	13	3	—	32